

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS		Application/Patent Number	6,960,179 B2
		Filing/Issue Date	November 1, 2005
		First Named Inventor/Patentee	Victor Gura
		Confirmation Number	5267
		Group Art Unit	3762
		Examiner Name	Deak, Leslie R.
		Attorney Docket Number	3806.1025-000
Title	Wearable Continuous Renal Replacement Therapy Device		
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10] <hr/>			
<p style="text-align: center;">OR</p> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 087516			
Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> Customer Number 087516 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133			
<input type="checkbox"/> Other <hr/>			
Please direct all telephone calls and facsimiles to:			
Name <u>David E. Brook, Esq.</u> Tel. No. <u>(978) 341-0036</u> Fax No. <u>(978) 341-0136</u>			
I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Authorized representative of the Assignee, Fresenius Medical Care Holdings, Inc., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.			
<input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.			
SIGNATURE of Applicant or Assignee of Record			
Signature	<u>Stacy Blasberg</u>		
Name & Title	<u>Stacy Blasberg Assistant Intellectual Property Counsel</u>		
Date	<u>7/16/10</u>		